



**Invitation for Tender
for the Provision of Social Support Services for
Pneumoconiosis/Mesothelioma patients and/or Carers
(Service Period: 1 January 2026 – 31 December 2028)**

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Part I Introduction

1.1 Introduction

The Social Support Services has been launched since 2016, serving the group of Pneumoconiosis and Mesothelioma patients in Hong Kong.

The Pneumoconiosis Compensation Fund Board (PCFB) cordially invites tenderers to submit tenders for the provision of Social Support Services. The service period will be effective from January 2026 to December 2028 in a 3-year fixed term.

1.2 Statutory Functions of Pneumoconiosis Compensation Fund Board

According to the Pneumoconiosis and Mesothelioma (Compensation) Ordinance (PMCO), PCFB has the following functions:

- a. To administer the fund;
- b. To make recommendations to the Government with respect to the rate of levy;
- c. To conduct and finance educational, publicity, research and other programmes to prevent pneumoconiosis and mesothelioma and to conduct and finance programmes for the rehabilitation of persons suffering from the above diseases;
- d. To administer funds received from the Government and designated by the Government as ex gratia payments to persons diagnosed before 1 January 1981 to be suffering from pneumoconiosis; and
- e. To perform such other duties as are imposed on it by this Ordinance.

[Section 26(1), Cap 360, Pneumoconiosis and Mesothelioma (Compensation) Ordinance]

1.3 Number of surviving patients in Hong Kong and related information

As at 30 April 2025, there are 1 388 surviving cases in Hong Kong, including 1 377 patients receiving compensation under the PMCO and 11 ex-gratia patients. Among 1 377 patients, 9 patients are pending information on age and degree of incapacity (DOI). The age and DOI distributions among 1 368 patients are shown in Appendix I.

Part II Social Support Services

2.1 The Services aim to provide rehabilitation support to patients and/or their carers, focusing on emotional and psychological needs. By addressing the specific needs of patients and/or their carers, the services seek to provide home-based social support caring visits covering both home visits and hospital visits, with the aim of improving their social or psychological problems and assisting in meeting patients' rehabilitation needs to improve their quality of life.

2.2 Targets and Inclusion Criteria

Case Managers of PCFB (Case Managers) will refer eligible patients and/or their carers to receive the services. Referrals from service provider(s) (SP) are also permitted with Case Manager's approval.

2.2.1 Pneumoconiosis and mesothelioma patients meeting any of the following conditions are eligible:

- a. Patients with more than 5 times relevant hospital admissions within 6 months;
- b. Patients aged 70 or above, who are living alone or living in residential care home alone;
- c. Patients who are using ventilators, oxygen machines, continuous positive airway pressure machines (CPAP), sputum aspirators or wheelchair-bound;
- d. Patients with a Degree of Incapability (DOI) of 60% or above;
- e. Patients diagnosed with mesothelioma or receiving compensation for care and attention;
- f. Patients scoring within a specified eligible range on validated assessment tools proposed and administered by the SP, indicating moderate to high levels on the following areas:
 - i. Dependency in daily living activities
 - ii. Depressive
 - iii. Feelings of loneliness
- g. Patients with special needs in areas such as social services and residential care; or
- h. Patients with other conditions referred by Case Managers.

2.2.2 Carers meeting the following conditions are eligible:

Carers needing additional support for emotional, psychological, social, family or other issues can be referred by Case Managers or the SP, with Case Managers' approval, when these issues are assessed to potentially impact patients' quality of life.

2.3 Estimated Case Number and Case Allocation

- a. There were 2 238 visits with 331 patients and carers in 2024. These numbers reflect the criteria and assessment tools currently used by the SP. The numbers may be more or less even though different assessment tools adopted by different service providers, as outlined in Section 2.2.1.6.
- b. Tenderers may choose to serve all patients or only patients living in selected districts. This information must be clearly specified in the Technical Proposal.
- c. PCFB would not guarantee a minimum number of cases to be referred to any tenderer.
- d. If multiple tenderers are selected, PCFB will allocate patients and/or their carers to the selected tenderers. Tenderers are required to strictly follow the assignments.



Part III Roles of the Service Provider (SP) and PCFB

3.1 Roles of the SP on Case Management

- a. To open a case file for each individual case and design a tailor-made care plan submitted on a half-yearly basis.
- b. To closely monitor the progress of each case.
- c. To assess each case during the first visit and reassess in June and December of the year:
 - i. The SP should propose a set of tools for assessment and reassessment, with justifications provided in the Technical Proposal.
 - ii. Examples of tools include the Barthel Index, Geriatric Depression Scale, Rasch-Type Loneliness Scale, Functional Impairment Checklist, and any other appropriate assessment tools proposed by the SP.
 - iii. If license fees are required for the tools, the SP is responsible for obtaining the license.
 - iv. The final set of tools to be used must be mutually agreed upon by PCFB and the SP after the tender has been awarded.
- d. To provide appropriate interventions:
 - i. Deliver social support counselling to help resolve family relationship crises, address emotional stress, guide positive thinking, and provide spiritual support if applicable.
 - ii. Introduce or reinforce skills to improve social well-being.
 - iii. Empower carers to provide better care for patients.
 - iv. Make proper referrals to social services and provide relevant support services, such as residential care homes, escort services, Chinese medicine, house cleaning, and meal services, and provide relevant support services.
- e. To maintain close communication with Case Managers and/or other designated service providers.
- f. To provide caring calls as a supplementary service when necessary to maintain close contact with service users.
- g. To escort patients to medical follow-ups and related rehabilitation services when necessary, without additional charges.
- h. To provide a case report with the latest progress of service user and action(s) taken in Chinese after each visit and send the reports to PCFB on a monthly basis.
- i. To submit the following reports to PCFB through specified channels, in the required format, and at regular intervals as requested:
 - i. Monthly statistical reports
 - ii. Monthly summaries
 - iii. Half-yearly progress reports
- j. To attend regular evaluation and operational meetings upon PCFB's request (up to 12 times per year).
- k. To transfer reports in the required format to PCFB or its designated agent(s) within two weeks after the service agreement expires, or upon request by PCFB.
- l. To allow and assist PCFB's designated personnel in conducting performance or operational audits, if applicable.



3.2 Roles of the SP on Visit Arrangement

- a. The maximum number of visits per case per year is generally set at 17, with each visit lasting at least 60 minutes.
- b. The frequency of visits should be based on the needs of the service users; however, approval from Case Managers is required for 8 or more visits.
- c. If an additional visit is arranged within a month, the SP must obtain the Case Manager's approval with justifications before conducting the visit. Otherwise, that unapproved visit(s) will not be paid.
- d. If additional visits are required beyond the approved total maximum number of visits for the whole programme, the SP must submit applications with justifications and required information for PCFB's approval.
- e. Even if the service user is hospitalized, it is highly recommended to continue conducting caring visits.
- f. A maximum of one home visit is allowed to wrap up the services for carer(s) after the patient has passed away.
- g. Termination or suspension of services should occur under the following circumstances:
 - i. The patient has passed away.
 - ii. Follow-up is deemed complete, as indicated by satisfactory reassessment results or significant improvement in the patient's condition.
 - iii. The service user's intention to suspend the services.
 - iv. Suggestions made by the Case Managers or SP, subject to PCFB's approval.

3.3 Roles of PCFB

- a. To supervise the entire programme, ensuring all services are delivered effectively and align with the objectives of the programme.
- b. To provide full financial support for the services. Fees charged by the SP must comply with the requirements set out in Part IX (Guidelines and Requirements of Price Proposal) of this document.
- c. To recruit suitable patients and/or carers and refer them to the SP and launch publicity campaigns to promote the services to the targeted users.
- d. To assign Case Managers to work closely with the SP to monitor the progress of each case.
- e. To provide advice to the SP and to conduct regular checks on the SP's visits to ensure service quality.

3.4 Subcontracting

- a. Preference will be given to those tenderers who could handle the services without sub-contracting to the third party. However, subcontracting services are not prohibited in this Tender.
- b. If the tenderers need to subcontract any service items, the following information should be included in the Technical Proposal:
 - i. Items/services to be subcontracted;
 - ii. Name and detailed information of the subcontractors;
 - iii. Years of cooperation with the subcontractors;
 - iv. Justifications for choosing the subcontractors;
 - v. Quality control mechanisms; and
 - vi. Other information as considered appropriate by the tenderers.
- c. Approval of subcontracting and specific subcontractors is at the sole discretion of PCFB.



- d. Although PCFB will not enter contractual relationship with any subcontractors, it reserves the right to request the SP to conduct performance and operational audits of the subcontractors. PCFB also reserves the right to arrange audit checks to the subcontractors upon request.
- e. During the contract period, the SP should seek PCFB prior approval with justifications before engaging/changing any subcontractors.

Part IV Requirements of Designated Staff for the Services

- 4. All visits must be conducted by registered social workers, who meet the following criteria:
 - a. Have at least 8 years of post-registration social work experience;
 - b. With a higher degree in counselling or other relevant disciplines (considered as advantage);
 - c. Include the CV of the staff responsible for visits in the Technical Proposal and provide it to PCFB whenever there is staff turnover.

Part V Payment

- 5. Payment to the SP will be made on a semi-annual basis, subject to the submission of all required supporting documents and information to PCFB's satisfaction. Payments will be calculated based on the following conditions:
 - a. Completed visits lasting at least 60 minutes each. Visits lasting less than 60 minutes will not be eligible for payment.
 - b. Additionally, payment will only be made for eligible patients/carers who meet the conditions outlined in Clause 2.2.
 - c. Not accepting other related fee.

Part VI Termination

- 6. Either party may terminate the Agreement, entered into following the award of services, by providing the other party with at least 30 days' prior written notice. Furthermore, PCFB reserves the right to terminate the Agreement if the SP breaches any of its terms or conditions.

Part VII Other Information

7.1 Patient Records

- a. The awarded SP should establish a separate system (hard copies and/or electronic files) with proper backup and security controls.
- b. The Patient Record herein, refer to all cases records including but not limited to care plans, case reports, progress reports, final reports, monthly statistics, monthly summary and other information applicable.
- c. The Patient Records should be submitted to PCFB in specific formats, submission channels and at regular intervals as required by the PCFB.
- d. PCFB and SP should both be data owners of the above information.
 - i. The SP should agree to send the whole set of records and transfer data either to PCFB or its designated organisations within two weeks after the service contract termination.
 - ii. In all circumstances, the SP should strictly comply with the requirements of the Personal Data (Privacy) Ordinance (PDPO)(Cap. 486) to ensure that personal data kept is accurate, securely kept and used only for the purpose for which they have been collected. Any person who controls the collection, holding, processing or use of personal data such as Personal Records should take extra precautions to ensure that the relevant laws on personal data (privacy) and all the codes and guidelines issued by the Privacy Commissioner for Personal Data from time to time are complied with and that effective security measures are adopted to protect personal and sensitive data.
 - iii. All patient records should be kept by the SP during the service period. Destruction/transfer of any record without the approval of PCFB is prohibited during or within 7 years after contract termination.

7.2 Quality Assurance

- a. A quality assurance system should be designed and implemented to ensure high standard of service for patients and/or carers. Details of the system should be included in the Technical Proposal. The comprehensiveness, frequency, feasibility, and reliability of monitoring will form part of the technical evaluation criteria.
- b. A robust supervisory mechanism is an integral part of the quality assurance system. Please refer to the roles of PCFB when formulating the system.

Part VIII Guidelines and Requirements of Technical Proposal

8.1 Tenderers are advised to read the following notes carefully before completing the Technical Proposal

Tenderers shall prepare the Technical Proposal according to the following requirements and provide information and proposal for each item accordingly.

- a. The Tender Proposal shall not be more than 40 pages in A4 size paper (with margins not less than 25mm and character font size not less than 12). Pages after the first 40 pages will not be considered in the tender assessment.
- b. Supplementary materials such as annexes and documentation will be excluded from the total page count.
- c. Tender submission requirements

The Technical Proposal should be submitted with the following information:

- Executive summary with one or two pages for the proposal;
- An introduction about the tenderer and its experience in related services as well as the contact information of its authorized representative(s) stated in the tender.;
- Name and CVs of key personnel (limited to a maximum of 2 pages each, if available);
- Proposed service should take reference from the tender requirements and include the following details, including but not limited to:
 - Detailed descriptions of the whole service and implementation plan;
 - Proposed subcontracting item(s) and agents(s) (if applicable);
 - Workflow and timeframe for submission of all patient records to PCFB;
 - Data record and protection measures;
 - Quality assurance measures;
 - Suggested assessment and reassessment tools with justification;
 - Suggested districts to be served (either whole Hong Kong or specified districts);
 - Number of minimum and maximum visits that can be provided per year;
 - Suggested formats of care plan, case report, monthly statistics and monthly summary;
 - Suggested intervention services to be provided, with justifications;
 - Plan for emergency escort service;
 - Any other applicable information; and
 - Appendices (optional)

8.2 Compliance with the Personal Data (Privacy) Ordinance (PDPO)

- a. Inclusion of any personal data in the Technical Proposal, for example, the CVs of the key personnel, the tenderers should obtain prior consent from relevant party and before transferring the data to PCFB.
- b. PCFB will not hold any responsibility for breaching PDPO during the tender submission process.

Part IX Guidelines and Requirements of Price Proposal

9. Tenderers are advised to read the following notes carefully before completing the Price Proposal

COMPULSORY: Tenderers should submit an **all-inclusive package price** for the unit price per caring visit, which should cover both home visits and hospital visits. Each visit should last for at least 60 minutes.

- a. The SP should refer to Section 3.1 and Part V for formulating the Price Proposal.
- b. The quoted price must remain valid throughout the entire contract period. No price increases will be permitted during this period.
- c. A cost breakdown may be included if it is deemed useful.
- d. The all-inclusive package cost should account for all fixed and variable costs that may arise under special circumstances. For example, some patients may require emergency escort services. Under no circumstances may tenderers charge PCFB additional fees.
- e. PCFB will only pay for cases that have received the full services. Payment will not be made for cases that receive incomplete services (e.g., a home visit lasting only 30 minutes where the patient refuses to continue).

Part X Requirements for Tender Submission and Closing Date

- 10.1 Each completed tender, with all documents and information required, must be submitted in the following manner strictly; and be placed and sealed in two separate envelopes in which –**
- 5 copies of the Technical Proposal with all documents and information required should be submitted together with one softcopy (in Microsoft Word format saved in a compact disc/USB device). These should be placed and sealed in one envelope, which should be marked “**Tender submission: Social Support Services – Technical Proposal**”; and
 - 5 copies of the Price Proposal should be placed and sealed in another envelope marked “**Tender submission: Social Support Services - Price Proposal**”. Please complete the price proposal form in Appendix III.
- 10.2** If there is any discrepancy between the soft copy and the hard copy, the hard copy will prevail.
- 10.3** All tenders must be addressed to Mr. Ricky Law, Secretary General and deposited in the PCFB Secretariat Tender Box situated at 15/F, Nam Wo Hong Building, 148 Wing Lok Street, Sheung Wan, Hong Kong before the Tender Closing Date. Late submission and tenders that are submitted by post, email or facsimile will **NOT** be considered.
- 10.4** In case a black rainstorm warning signal or tropical cyclone warning signal No. 8 or above is hoisted or “extreme conditions” arising from a super typhoon or other natural disaster of a substantial scale is announced at any time between 9:00 am and 12:00 noon on the Tender Closing Date, the tender closing time will be postponed to 4:00 pm on the first working day after the black rainstorm warning signal has ceased or the tropical cyclone warning signal No. 8 is lowered, or the “extreme conditions” announcement is no longer valid.
- 10.5** If the tenderer discovers any error in its tender after submission, an amendment is allowed before the Tender Closing Date.
- 10.6** All tender documents will not be returned to the tenderers.
- 10.7** Tender Closing Date: **8 August 2025 (Fri) at 12:00 noon**. The tender shall be valid for 180 days after the Closing Date.

Part XI Assessment and Tender Award

11.1 Assessment

Assessment will be conducted in two separate parts as below:

- a. Technical assessment
- b. Price assessment

A weighting of **70% : 30%** will be assigned to the Technical Proposal and Price Proposal.

11.2 Assessment criteria for Technical Proposal

- a. The overall design, quality, coverage, and comprehensiveness of the proposed services based on the tender requirements.
- b. The experience of the organisation in providing related services.
- c. The qualifications and experience of key staff responsible for providing the services.
- d. The relevancy and appropriateness of the chosen assessment tools.
- e. A reliable system for data recording, protection, and quality assurance.
- f. Strong support provided by internal departments within the organisation or through partnerships with external organisations, with evidence or proof.

11.3 Tender Assessment Panel

This tender exercise is steered and assessed by the Tender Assessment Panel of PCFB.

11.4 Other conditions

- a. PCFB may not accept the lowest-priced tender or any tender, and reserves the right to negotiate with any Tenderer(s) about the terms of the offer.
- b. PCFB reserves the right to reject any or all of the Tenders.
- c. PCFB will not disclose the fee or any information to a third party.
- d. PCFB's decision will be final. All information related to the selection such as scores and comments will be treated as confidential.
- e. PCFB reserves the right to grant similar contracts to more than one tenderer at any time (not necessarily at the same price).
- f. In connection with the above point (e), PCFB reserves the right to allocate the cases to different SPs.

11.5 Notice of Tender Result

PCFB will notify the successful tenderer(s) by writing the results latest in December 2025. A service agreement will be signed between PCFB and the selected service provider(s). The service provider will only be confirmed after the service agreement has been signed. Unsuccessful tenderer(s) will not be notified.

11.6 Service commencement date

1 January 2026 or a later date mutually agreed by the PCFB and SP.

Part XII Supplementary Information

12.1 Addendum

PCFB may issue an addendum to the terms and conditions set out in the Tender Documents before or after the Tender Closing Date. If such an addendum is issued after the Tender Closing Date, tenderers may be asked to confirm compliance with the addendum, failing which their tenders may be disqualified.

12.2 Documents of Tenderers

PCFB is not obliged to return any tender submissions to the tenderers and documents submitted by unsuccessful tenderers may be destroyed not less than three months after the Contract Commencement Date.

12.3 Prevention of Bribery

- a. Tenderer's attention is drawn to the Prevention of Bribery Ordinance (Cap. 201) in particular section 4 where it is provided, inter alia but without limitation, that any person, whether in Hong Kong or elsewhere, without lawful authority or reasonable excuse, offers any advantage to a public servant as an inducement to or reward for or otherwise on account of that public servant's assisting or favouring any person in the transaction of any business with a public body shall be guilty of an offence. Any contravention by a tenderer of the Prevention of Bribery Ordinance (Cap. 201) will, without prejudice to other rights and claims of PCFB against the tenderer arising from such contravention, entitle PCFB to disqualify its tender.
- b. The tenderer shall not, and shall procure that its employees, agents and subcontractors shall not, offer, solicit or accept an advantage as defined in the Prevention of Bribery Ordinance (Cap. 201) in connection with the tendering and execution of this contract of procurement.
- c. Failure to so procure or any act of offering, soliciting or accepting advantage referred to in (a) above committed by the tenderer or by an employee, agent or sub-contractor of the tenderer shall, without affecting the tenderer's liability for such failure and act, result in his tender being invalidated.

12.4 Disclaimer

All information, statistics, forecasts and projections provided by PCFB in connection with this invitation to tender (including those set out in the Tender Documents) (collectively "Information") are for reference only. PCFB gives no warranty, representation or undertaking as to their accuracy, reliability or completeness. PCFB accepts no liability whatsoever for (a) the accuracy, completeness or reliability or otherwise of any such Information; (b) any claim, legal proceeding, liability, loss (including any direct or indirect loss, and any loss of revenue, profit, business, contract or anticipated savings) or damage (including any Terms of Tender direct, special, indirect or consequential damage of any nature whatsoever); and (c) any increased costs and expenses, which any Tenderer or any other person may sustain or incur, arising from its reliance on any Information.

12.5 Anti-collusion

- a. By submitting a tender, the tenderer represents and warrants that in relation to the Tender:
 - i. It has not communicated and will not communicate to any person other than PCFB the amount of any price submitted in its tender;
 - ii. It has not fixed and will not fix the amount of any price submitted in its tender by arrangement with any person;
 - iii. It has not made and will not make any arrangement with any person as to whether it or that other person will or will not submit a tender; and
 - iv. It has not otherwise colluded and will not otherwise collude with any person in any manner whatsoever in the tendering process.
- b. In the event that the tenderer is in breach of any of the representations and/or warranties in Clause 10.5 herein, PCFB shall be entitled to, without compensation to any person or liability on the part of PCFB –
 - i. Reject the Tender;
 - ii. If PCFB has accepted the Tender, withdraw its acceptance of the tender; or
 - iii. If PCFB has entered into the contract with the tenderer, terminate the contract.
- c. The tenderer shall indemnify and keep indemnified PCFB against all losses, damages, costs or expenses arising out of or in relation to any breach of any of the representations and/or warranties in Clause 10.5.1 above.
- d. Any breach of any of the representations and/or warranties in Clause 10.5.1 above by the tenderer may prejudice the tenderer's future standing as a PCFB contractor.
- e. Clause 10.5.1 above shall have no application to the tenderer's communications in strict confidence with its own insurers or brokers to obtain an insurance quotation for computation of the tender price, or with its professional advisers, consultants or sub-contractors to solicit their assistance in the preparation of tender submission.
- f. The rights of PCFB under Clauses 10.5.1 above are in addition to and Terms of Tender without prejudice to any other rights or remedies available to it against the tenderer.

12.6 Prohibition of Anti-Competitive Conduct

- a. The tenderer shall not and shall ensure that his agents and employees shall not contravene a competition rule or have been involved in a contravention of a competition rule under the Competition Ordinance (Cap 619). Any breach of or non-compliance with these clauses by the tenderer shall, without affecting the tenderer's liability for such breach or non-compliance, invalidate his tender.
- b. If the supplier/contractor or any employee or agent of the supplier/contractor shall be found to have reasonable cause to believe have contravened a competition rule or have been involved in a contravention of a competition rule under the Competition Ordinance (Cap 619) in relation to the tender or the contract, PCFB may terminate the contract without entitling the supplier/contractor to any compensation therefore, and the supplier/contractor shall be liable for all losses and expenses necessarily incurred by PCFB as the result of such termination of the contract.



12.7 Safeguarding National Security in Hong Kong

- a. The tenderer shall ensure that his agents and employees shall take into account their duty to safeguard national security and shall not be engaged in any acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security. Any breach of or non-compliance with these clauses by the tenderer shall, without affecting the tenderer's liability for such breach or non-compliance, invalidate his tender.
- b. If the supplier/contractor or any employee or agent of the supplier/contractor shall be found to have engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security in relation to the tender or the contract, PCFB may terminate the contract without entitling the supplier/contractor to any compensation therefore, and the supplier/contractor shall be liable for all losses and expenses necessarily incurred by the PCFB as the result of such termination of the contract.

Part XIII Briefing Session and Enquiries

An online briefing session will be held in July 2025, with the following information:

Date: 25 July 2025 (Fri)

Time: 3:00 pm

Tenderers who wish to attend the briefing session are requested to register by sending an email to antchung@pcfb.org.hk, providing the name, title/position and number of attendant(s) on or before 3:00 pm on 24 July 2025. PCFB reserves the right to reject any persons wishing to attend the session without registration.

Enquiries

Mr. Anthony Chung

Prevention, Rehabilitation and Research Officer

Tel: 3578 8102

E-mail: antchung@pcfb.org.hk

END



Appendix I

Age and Degree of Incapacity (DOI) Distributions among Surviving Patients as of 30 April 2025 (for 1 368 patients receiving compensation under the PMCO only)

Age distribution

Age	
Below 50	4
50-59	22
60-69	436
70-79	667
80 & above	239
Total	1 368

Degree of Incapacity (DOI) distribution

DOI	
5-20%	1 086
25-40%	182
45-60%	63
65-80%	24
85-100%	13
Total	1 368

Appendix II

Marking Scheme for Technical Scores and Calculation

Marking items	Maximum score	Marking guidelines
1. Experience of organisations in providing related social support services	5	Years of experience
2. Qualification, experience and number of frontline staff responsible for the visits	25	Years of post-registration social work experience Total number of social worker(s) Qualification Relevant experience, e.g. care of elderly and/or chronic disease patients or with a higher degree in counselling or other relevant disciplines
3. Quality, coverage and comprehensiveness of the proposed services	25	I. Protocol of the visit II. Case follow-up plan III. Expected outcome (assessment tools)
4. Maximum capacity of the tenderer	10	Maximum number of visits conducted per year
5. Leveraging relevant professional supports from internal and/or external sources to enhance the Programme	10	Number of relevant professional supports from internal and/or external sources and frequency of obtaining them (e.g. internal committee or board members, internal teams or external advisors, professional consultants and others)
6. A reliable data record and protection system	15	I. Data record policy II. Training record III. Internal/External Audit record (with supporting documents)
7. A reliable quality assurance scheme	10	A reliable quality assurance scheme I. Internal audit available and frequency II. External audit available and frequency (preferred to have both internal and external audits)
Total	100	
Passing mark	50	If the total score is below 50, the tender will be disqualified.

Calculation:

1) Technical score: 70%

$$\frac{\text{Total mark for the technical proposal under vetting}}{\text{Total mark for the tender getting the highest mark}} \times 70\%$$

2) Price score: 30%

$$\frac{\text{Lowest total price}}{\text{Price for the proposal under vetting}} \times 30\%$$

3) Grand Total = Technical score (70%) + Price score (30%)

If the total technical score is below 50 out of 100, the tender will be disqualified.

Appendix III

Price Proposal Form

Unit price per caring visit under all-inclusive package, each visit should last for at least 60 minutes.

Caring Visit under All-inclusive Package	Unit Price (HK\$)
Name of Authorized Person	
Position	
Contact Number	
Email Address	
Signature and Company Chop	